

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 1, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that Work Hardening (CPT Codes 97545-WH-CA and 97546-WH-CA) for dates of service 07/12/04 through 08/13/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 07/12/04 through 08/13/04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24<sup>th</sup> day of January 2005.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

Enclosure: IRO decision

#### NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2005

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-05-0721-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health

care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This 55 year-old male injured his lower back on \_\_\_\_ while pulling a pallet at his place of employment. He felt a sudden sharp pain in his lower back and was later seen in the ER for the back pain and pain radiating down his buttock and left leg. He has been treated with therapy and medications.

#### Requested Service(s)

Work hardening and work hardening each additional hour for dates of service 07/12/04 through 08/13/04

#### Decision

It is determined that there is no medical necessity for the work hardening and work hardening each additional hour for dates of service 07/12/04 through 08/13/04 to treat this patient's medical condition.

#### Rationale/Basis for Decision

The functional capacity evaluation on 06/10/04 did display factors that would have made a 2-3 week controlled trial of work hardening medically necessary. However, there was no qualitative/quantative data nor neurodiagnostic studies to rationalize the need to proceed with upper level management of this patient's condition. Therefore, the work hardening and work hardening each additional hour for dates of service 07/12/04 through 08/13/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm  
Attachment

## **Information Submitted to TMF for TWCC Review**

**Patient Name:**

**TWCC ID #:** M5-05-0721-01

### **Information Submitted by Requestor:**

- Requestor Position
- Daily Progress Notes
- Work Hardening
- Progress Notes – Pain Management Clinic
- Diagnostic Tests

### **Information Submitted by Respondent:**

- Progress Notes
- Daily Progress Notes
- Diagnostic Tests
- Functional capacity evaluation
- Work Hardening Program